

PTO/SB/17 (12-04v2)

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FEE TRANSMITTAL For FY 2005		Complete if Known	
		Application Number	10/713,788-Conf. #8770
		Filing Date	November 14, 2003
		First Named Inventor	Karl S. Reese
		Examiner Name	M. G. Mendoza
		Art Unit	3731
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Attorney Docket No.	022956-0236
TOTAL AMOUNT OF PAYMENT		(\$)	250.00

METHOD OF PAYMENT (check all that apply)☒ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____☐ Deposit Account Deposit Account Number: 141449 Deposit Account Name: Nutter McClennen & Fish LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, **except for the filing fee**☒ Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES**Fee Description**

	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
30	- 29 = 1	x 50.00 =	50.00

Multiple Dependent Claims
Fee (\$) Fee Paid (\$)

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
4	- 3 = 1	x 200.00 =	200.00

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
	- 100 =	/50	(round up to a whole number) x	=

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

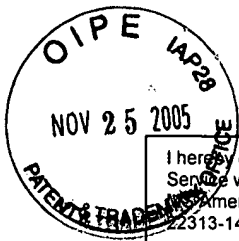
Other (e.g., late filing surcharge): _____

SUBMITTED BY			
Signature		Registration No. (Attorney/Agent)	44,238
Name (Print/Type)	Lisa J. Michaud	Telephone	(617) 439-2000
		Date	Nov. 22, 2005

Fee Transmittal

I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: MS Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

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Dated: 11/22/05 Signature: [Signature]
(Lia J. Michaud)

Docket No.: 022956-0236
PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:
Karl S. Reese

Application No.: 10/713,788

Confirmation No.: 8770

Filed: November 14, 2003

Art Unit: 3731

For: SUTURE LOOP ANCHOR

Examiner: M. G. Mendoza

MS Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT AND RESPONSE

Dear Sir:

This communication is in response to the Office Action dated August 25, 2005.

Amendments to the Claims begin on page 2 of this paper.

Remarks begin on page 7 of this paper.

11/28/2005 HDESTA1 00000004 10713788

01 FC:1201	200.00 OP
02 FC:1202	50.00 OP